

**For Board Use Only**

Date of Application \_\_\_\_\_ License Number \_\_\_\_\_

Date of State Exam \_\_\_\_\_

Score of State Examination \_\_\_\_\_ Date Issued \_\_\_\_\_

Board Approval \_\_\_\_\_ Date Expires \_\_\_\_\_

\$ \_\_\_\_\_ Exam Fee CK# \_\_\_\_\_ \$ \_\_\_\_\_ Application Fee CK# \_\_\_\_\_

# **Application For License To Practice Funeral Service as a Embalmer/Director**

**Presented To**

**The South Dakota  
State Board of Funeral Service  
135 East Illinois, Suite 214  
Spearfish, SD 57783  
(605) 642-1600**

**Current  
Photo Of Applicant**

Name of Applicant: \_\_\_\_\_ SS No. \_\_\_\_\_

(social security number's use is intended for purposes of identification related to  
licensure issues, discipline, and other board related issues)

## Rules And Regulations Governing Licenses

Any person desiring to become licensed to practice funeral service in South Dakota must first obtain a license application blank from the state board. The application blank, properly filled out and accompanied by an application fee \$50.00 and an examination fee \$50.00 for new applicants or \$65.00 for applicants holding a license issued by another state (see SDCL 36-19-24), shall be filed with the secretary at least 15 days prior to the date of examination. A recent photograph of the applicant must be attached for identification purposes.

In order to qualify for license to practice funeral service, the applicant must be a citizen of the United States, be at least 18 years of age, and must be of good moral character and must meet all necessary educational requirements with examinations grades of at least 75%.

### IDENTIFICATION

Date \_\_\_\_\_

1. Full Name of applicant \_\_\_\_\_  
Last First Middle Maiden

2. Address \_\_\_\_\_  
Mailing City State Zip

Phone No. (\_\_\_\_\_) \_\_\_\_\_

3. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_

4. Are you a citizen of the United States? \_\_\_\_\_

Please Check (✓) either yes or no for each question in the appropriate section below.  
(All applicants must complete)

	Yes	No
5. Have you ever had your funeral service license suspended, placed on probation, or otherwise disciplined in South Dakota or any other state? If yes, explain here or attach a separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>
6. Are there any complaints currently pending against you as a funeral service licensee in South Dakota or in any other state? If yes, explain here or attach separate sheet.	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been convicted or found guilty of any criminal offense other than traffic violations? If yes, explain here or attach a separate sheet to include the offense convicted of, date of conviction, court convicted in, and a copy of the conviction.	<input type="checkbox"/>	<input type="checkbox"/>

8. Place of Business or Employment \_\_\_\_\_

Address \_\_\_\_\_  
Mailing City State Zip

Phone No. (\_\_\_\_\_) \_\_\_\_\_

9. Name and Location of High School of Graduation \_\_\_\_\_ Year \_\_\_\_\_  
Furnish certified transcript direct from the High School to the board.

10. Traineeship completed. Yes \_\_\_\_ No \_\_\_\_ If yes, name and address of sponsor \_\_\_\_\_

\_\_\_\_\_  
Please complete Certificate of Apprenticeship and forward to sponsor.

11. Name and location of Embalming School of Graduation \_\_\_\_\_

\_\_\_\_\_  
Furnish a certified transcript sent directly from embalming college.

12. Name & location of Accredited College(s) or University(s) where 60 hours of qualifying course work was attended\*. Furnish certified transcript directly from the college or university to the board, unless you completed a Bachelors in Funeral Service

NAME

ADDRESS

DATES

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\* The applicant must have successfully completed 60 semester hours credit from a college or university with the following academic course requirements: (1) COMMUNICATIONS, 9 semester hours, including speech and English composition; (2) SOCIAL SCIENCE, 12 semester hours, including sociology and psychology; (3) NATURAL SCIENCE, 15 semester hours, including chemistry, biology, microbiology and anatomy; (4) BUSINESS, 9 semester hours, including accounting, business law, and business management; (5) Electives, 15 semester hours. These semester hours are in addition to the required course work for your embalming associate degree

13. Are you licensed or have you ever been licensed to practice funeral embalming/directing in a state other than South Dakota Yes \_\_\_\_\_ No \_\_\_\_\_

Give State(s) \_\_\_\_\_ Licensed from \_\_\_\_\_ to \_\_\_\_\_

License Number \_\_\_\_\_ If yes, request the Board in the other state(s) complete and return directly to the South Dakota board the form for "Verification of Licensure in Another State."

14. I tested on \_\_\_\_\_ year \_\_\_\_\_, at \_\_\_\_\_  
For the conference of Funeral Service Examining Board. City State

(Furnish certified record of subject and score sent directly from conference.)

Name of Applicant: \_\_\_\_\_

# AFFIDAVIT

I hereby state that I have fully read and understand the questions presented in this application and have answered them truthfully and completely. I acknowledge that my failure to make a full and accurate disclosure of any information called for herein may result in the denial of my application. I further acknowledge that any license or certification I may obtain on the basis of this application may be revoked or suspended for my failure to disclose full and accurate information herein.

I will furnish additional information or documentation as may be deemed necessary by the South Dakota State Board of Funeral Service for the verification of the information I have disclosed in this application.

I will not hold myself out as a state licensed funeral service embalmer/director until the license or certificate authorizing me to do so is in my possession.

I hereby declare under penalty of perjury that the foregoing answers and statement are true and correct.

MUST BE SIGNED IN PRESENCE OF NOTARY	Applicant Signature		Date of Signature
Notary Public Embossed Seal or Rubber Stamp	Subscribed and Sworn Before Me, This  day of year		
	Notary Public Signature	My Commission Expires	
	Notary Public Name (Type or Printed)		

This completed application, together with the appropriate application fees and any supporting documents should be submitted to:

**South Dakota Board of Funeral Service**  
135 East Illinois, Suite 214  
Spearfish, SD 57783-2446